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APPLICANTS Udo J. Vetter, Ravensburg, GERMANY; Andreas Schutz, Krailling, GERMANY; Joachim Glocker, Weingarten, GERMANY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS ***** GERMANY 10316127.9 04/09/2003					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/21/2004					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>[Signature]</i> <i>[MET]</i> Acknowledged Examiner's Signature Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
ADDRESS 535					
TITLE Prefilled hypodermic syringe					
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		